

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis
Township Carondelet
City Lemay, Missouri

Registration District No. 1123Primary Registration District No. 6248B(No. 2) Nazareth ConventFile No. 4424Registered No. 21

St. _____ Ward _____

2. FULL NAME Sister Mary Damien(a) Residence, No. Forder Ave.

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U.S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.About72

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Teacher9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Retired10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Adair
Missouri.

FATHER

13. NAME Daniel McGonigle14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Sarah Zollinger16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Hagerstown
Maryland17. INFORMANT Sister M. Jane
(ADDRESS) RFD Lemay, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nazareth Cem. DATE Jan. 18 193719. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway20. FILED Jan 17 1937 E. Mowrey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 193722. I HEREBY CERTIFY, That I attended deceased from
Dec 14 1936, to Jan 16 1937I last saw him alive on Jan 16 1937. Death is saidto have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho Pneumonia, Jan 2
1937

Other contributory causes of importance:

Fracture of left humerus

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. D. K. Will(Address) Lemay B. Rm. O.

M. D.

186a

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis (No.)

Registration District No. 1123
Primary Registration District No. 624810

File No. 4424
Registered No. St. Ward

2. FULL NAME

Sister Mary Ann

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. apt 72

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Jan 17, 1937 G. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Date of onset

Other contributory causes of importance:

Fracture of left humerus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? fall Date of injury Dec 5, 1936

Where did injury occur? Lamay, B. H. MO. (Specify city or town, county, and State)

Specify whether injury occurred in industry, on home, or in public place. at home

Manner of injury fall

Nature of injury fracture of humerus upper 1/3

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Waldy & Hill, M. D.

(Address) Lamay mo

RT 8

h2h3-5